## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL	NO.	
10/	55169	5

FILING DATE

APPLICANT(S)

## **CLAIMS**

IND. DEP. IND. DEP. S1 51 52 53 54 55 56 67 77 68 69 60 67 68 69 70 71 72 73 73 74 75 75 88 81 81 82 82 83 84 85 89 90 90 91 91 92 93 93 94 95 99 99 99 99 99 99 99 99 99 99 99 99		AS F	ILED		TER NDMENT		TER NDMENT
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75 76 77 78 78 79 80 81 82 83 84 85 85 86 87 88 89 90 91 91 92 93 93 94 95 95 96 97 98 99 90 91 100 TOTAL IND. JOHAN DEP. TOTAL CLAIMS U.S. DEPA  U.S. DEPA	23						
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84 85 86 87 88 89 90 91 91 92 93 94 95 96 97 98 99 100 TOTAL IND. DEP. TOTAL CLAIMS U.S. DEPA	33						
86 87 88 89 90 91 91 92 93 94 95 96 97 98 99 100 TOTAL DEP. TOTAL CLAIMS U.S. DEPA	34						
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